

<div>FORM <b>F-12</b> (8-4-2004)</div> <div>U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU</div> <div>2004 ANNUAL SURVEY OF STATE ADMINISTERED PUBLIC-EMPLOYEE RETIREMENT SYSTEMS</div>		<div>In correspondence pertaining to this report, please refer to the Census File Number above your address.</div>	
<div>RETURN TO</div> <div>U.S. Census Bureau 1201 East 10th Street Jeffersonville, IN 47132-0001</div>			
Data supplied by			
Name			
Title			
Telephone			
Area code	Number		

(Please correct any error in name, address, and ZIP Code)

E-mail address	Government website
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IMPORTANT

Please provide data for your fiscal year that ended between July 1, 2003 and June 30, 2004. Mark (X) in the appropriate box to indicate the ending date of your government's fiscal year (12-month accounting period) and report data for this period only. **Use the fiscal year called for by this instruction even though a more recent one may be available.**

2003		2004	
<input type="checkbox"/> July	<input type="checkbox"/> October	<input type="checkbox"/> January	<input type="checkbox"/> April
<input type="checkbox"/> August	<input type="checkbox"/> November	<input type="checkbox"/> February	<input type="checkbox"/> May
<input type="checkbox"/> September	<input type="checkbox"/> December	<input type="checkbox"/> March	<input type="checkbox"/> June

This form has been approved by the Office of Management and Budget (OMB) and has been given the number 0607-0585. Please note that we have displayed this number in the upper right hand corner of this form. Display of this number confirms that we have approval from OMB to conduct this survey. If this number were not displayed, we could not request your participation in this survey.

Please note that this is a national form that applies to governments with wide differences in the size of their service areas, the amount of the population served, and the extent and complexity of their financial accounts. We estimate public reporting burden for this collection of information to vary from 1.5 to 8.0 hours per response, with an average of 2.0 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0585, U.S Census Bureau, 4700 Silver Hill Road, Stop 1500, Washington, DC 20233-1500. You may e-mail comments to [Paperwork@census.gov](mailto:Paperwork@census.gov); use "Paperwork Project 0607-0585" as the subject.

BASIC INSTRUCTIONS AND SUGGESTIONS

Before filling out this form, please read carefully each part and all related definitions and instructions. **Note especially:**

1. Please report figures for your system's fiscal year that **ended between July 1, 2003 and June 30, 2004**, and indicate the closing date of the reported fiscal year in the space provided above.

2. Report figures relating to all accounts and reserves of your system, **including** amounts for retirement, disability, survivors, and other benefits, as well as any amounts for administration of the system. **Report in whole dollars.** Exclude transfers between reserves of the system, and also any investment transactions relating to loans to system members.
3. **Please complete all parts of the form.** If some items do not apply to your system, do not merely leave them blank, but enter "None" or a dash in the reporting space provided.

4. Do **not** delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.

5. If you have any questions, please call 1-(888)-529-1963.

SPECIAL NOTE CONCERNING VALUATION OF ASSETS

To the extent possible, respondents should adhere to the reporting guidelines called for by the Governmental Accounting Standards Board (GASB) when completing this questionnaire. **Please report corporate stocks and bonds at market value, and adhere to GASB standards when reporting gains and losses on investments.**

This method of reporting is intended to simplify and ease the burden of reporting by requesting information in a format more in line with current standards being used by most system administrators. The Office of Management and Budget approved the change effective for the 2002 Census of Governments.

PLEASE RETAIN A COPY OF THE COMPLETED QUESTIONNAIRE FOR YOUR FILES

Part I FINANCES			
Item		Amount — Omit cents	
A. RECEIPTS DURING FISCAL YEAR — Exclude amounts received from sale of investments and from repayment of loans made to members.		X02	
1. Employee contributions — Total amounts contributed by all member employees or withheld from their salaries for financing of benefits.			
a. State employees — From employees of the State government, including employees of State colleges and other State institutions and agencies.		\$	.00
b. Local employees — From employees of the counties, cities, local public schools, and other local government agencies.		X01	.00
2. Government contributions – Total amounts received from state and local governments for financial support of your system, including any taxes credited directly to the system.			
		Amount — Omit cents	
a. State contributions – From State government, including State colleges and other State institutions and agencies		Z99	
(1) State contributions for State employees		\$	.00
		V87	
(2) State contributions for local employees			.00
(3) Total State contributions — Sum of items a(1) and a(2)		X06	.00
b. Local governments – From counties, cities, local public schools, and other local government agencies		X05	.00
3. Earnings on investments — Interest, dividends, rents, and other earnings on investments. Exclude any recorded profits on investment transactions and report at 4b below. Also exclude any recorded losses on investment transactions and report at section B, line 3c.		Amount — Omit cents	
		Z98	
a. Rentals from the State government		\$	.00
		Z71	
b. Interest			.00
		Z72	
c. Dividends			.00
		Z73	
d. Other earnings on investments			.00
e. Total earnings on investments — Sum of items 3a through 3d		X08	.00
4. Other receipts		Z97	
a. Any amounts for transmittal to Federal Social Security system			.00
		Z96	
b. Gains on investments			.00
c. Other — Private gifts or donations, and the like — Specify		Z95	
			.00
B. PAYMENTS DURING FISCAL YEAR — Exclude amounts paid out for purchase of investments and for loans made to members.		X11	
1. Benefits paid — Retirement, disability, survivors, and other benefits			.00
2. Withdrawals — Amounts paid to employees or former employees or their survivors, representing return of contributions made by employees during the period of their employment, and any interest on such amounts.		X12	.00
3. Other payments — Administrative expenses and other costs or payments not representing benefit payments or withdrawals.		Z93	
a. Administration — Include investment fees			.00
		Z92	
b. Any amounts paid to Federal Social Security system			.00
		Z91	
c. Losses on investments			.00
d. Other — Specify		Z90	
			.00
C. CASH AND INVESTMENTS AT END OF FISCAL YEAR		Amount — Omit cents	
1. Cash and short-term investments		Z88	
a. Cash on hand and demand deposits		\$	.00
		Z87	
b. Time or savings deposits — Include certificates of deposit			.00
c. All other short-term investments, including securities in repurchase agreements, commercial and finance company paper and bankers acceptances, and miscellaneous money market funds.		Z68	
			.00
d. Total cash and short-term investments — Sum of items 1a through 1c		X21	.00
2. Federal Government securities		Amount — Omit cents	
a. Federal securities — Obligations of U.S. Treasury (including short-term notes) and Federal Financing Bank		Z89	
		\$	.00
b. Federal agency securities — Bonds and mortgage-backed securities (where applicable) issued by CCC, Export-Import Bank, FHA, GNMA, Postal Service, and TVA. Report directly held mortgages at item 5.		X33	
			.00
c. Total Federal Government securities — Sum of items 2a and 2b		X30	.00

Part IFINANCES — Continued				
Item			Amount — Omit cents	
3. Corporate bonds				
			Amount — Omit cents	
a. Federally-sponsored agency securities — Bonds and mortgage-backed securities (where applicable) issued by FHLB, FHLMC, FNMA, Farm credit banks, and SLMA.			Z62	
			\$	.00
b. Other corporate bonds — Include debentures, convertible bonds, and railroad equipment certificates.			Z63	.00
c. Corporate bonds — Sum of items 3a and 3b			Z77	.00
4. Corporate stocks — Include common and preferred stocks, and warrants.			Z78	.00
5. Mortgages held directly — Exclude mortgage-backed securities, to be reported at 2b, 3a, or 3b; also exclude directly held real property, to be reported at item 7a.			X42	.00
6. Other securities			Amount — Omit cents	
a. Investments held in trust by other agencies — Include funds administered by private agencies, guaranteed investment accounts, and your share of funds in governmental investment accounts.			Z84	
			\$	.00
b. Securities of State and local governments			X35	.00
			Z70	.00
c. Foreign and international securities				.00
d. Other — Include shares held in mutual funds, conditional sales contracts, direct loans, loans to members, etc. — Specify			Z83	
				.00
e. Total other securities — Sum of items 6a through 6d			X44	.00
7. Other investments			Amount — Omit cents	
a. Real property — Report only directly held property; report property held in investment trusts and in pooled or partnership agreements at 7b.			X46	
			\$	.00
b. Other — Include venture capital, partnerships, real estate investment trusts, and leveraged buy outs — Specify			X47	
				.00
c. Total other investments — Sum of items 7a through 7b			Z82	.00
TOTAL HOLDINGS AND INVESTMENTS — Sum of items C1 through C7			Z81	.00

Part IIMEMBERSHIP AND BENEFICIARIES			
Please report the figures requested below, as of the last month of your fiscal year reported on page 1, or the month nearest to that permitted by your records. If detailed figures are lacking for an item, please enter an estimate and mark it with an asterisk (*).			
Item	Number	Amount paid during month	
	(a)	Omit cents	
		(b)	
A. MEMBERS OF YOUR RETIREMENT SYSTEM — Exclude beneficiaries.			
1. Active members — Current contributors in contributory systems, or employees in non-contributory plans.			
a. Employed by your State government (including State institutions and agencies)			
b. Employed by local governments (including local agencies)			
c. Total active members — Sum of items 1a through 1b			
2. Inactive members — Former employees and employees on military or other extended leave without pay, but having retained retirement credits. Report below, under item B, former active members who are receiving retirement benefits.			
B. BENEFICIARIES RECEIVING PERIODIC BENEFIT PAYMENTS DURING MONTH			
1. Former active members of system, retired on account of age or service			
2. Former active members of system, retired on account of disability			
3. Survivors of deceased former active members — In column (a), report number of payees.			

<div>Part II</div> <div>MEMBERSHIP AND BENEFICIARIES – Continued</div>			
Please report the figures requested below, as of the last month of your fiscal year reported on page 1, or the month nearest to that permitted by your records. If detailed figures are lacking for an item, please enter an estimate and mark it with an asterisk (*).			
Item		Number	Amount paid during month
		(a)	(b) <i>Omit cents</i>
<b>C. RECIPIENTS OF LUMP-SUM PAYMENTS DURING MONTH REPORTED</b>		Z06	Z11
<b>1. Withdrawals and other one-time payments (other than loans) made to present or former members of system</b>			.00
<b>2. Lump-sum (nonrecurrent) payments made to survivors of deceased former active members</b>		Z07	Z12
			.00
<b>D. ENTER HERE THE MONTH AND YEAR TO WHICH FIGURES REPORTED IN PART II APPLY</b>		Month	Year
<b>E. PLEASE INDICATE HERE THE FREQUENCY WITH WHICH PERIODIC PAYMENTS ARE MADE TO BENEFICIARIES OF YOUR SYSTEM — Mark (X) one —————→</b>		<div><input type="checkbox"/> Monthly</div> <div><input type="checkbox"/> Quarterly</div> <div><input type="checkbox"/> Other — Please explain ↴</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
<b>F. COVERAGE UNDER OASDHI (SOCIAL SECURITY)</b> — Please indicate whether any of the active members (current contributors) you have reported at A1 above, were also covered under the Federal Old Age, Survivors, Disability, and Health Insurance program, in connection with their governmental employment.		<div><input type="checkbox"/> All active members also covered by OASDHI</div> <div><input type="checkbox"/> None of the active members covered by OASDHI</div> <div><input type="checkbox"/> Some, but not all, active members also covered by OASDHI</div> <div>How many of your active members (current contributors during the month reported in A1, above,) were also covered under OASDHI? <i>If exact figures are not available, please make an estimate and note this in "Remarks".</i> . . . . .</div> <div>Number Z74</div>	
Remarks			